Neurodivergent Profile Summary

‘Iolani Puʻu Kolenc

DOB: July 8, 1959 | CII: A38857042

Prepared for: Dr. Scott M. Dewhirst, MD, Sutter Psychiatry, Santa Barbara

Prepared by: ‘Iolani Puʻu Kolenc | April 2026

I. PURPOSE AND SCOPE OF THIS DOCUMENT

This document presents a clinical and evidentiary framework for understanding the neurodivergent developmental profile of ‘Iolani Puʻu Kolenc, using Kazimierz Dąbrowski's Theory of Positive Disintegration (TPD) and its concept of five overexcitabilities (OEs) as the primary clinical lens. All evidence cited is drawn from publicly archived or independently verifiable sources: official academic transcripts (UCSB, 1986–1994; SBCC, 1996–2022), a publicly archived curriculum vitae (Internet Archive, 2023), first-person learning profile documents submitted to an SBCC instructor in 2019, early career biographical materials (1996–2001), and clinical records already in Dr. Dewhirst's possession.

The purpose of this document is threefold: to provide Dr. Dewhirst with a structured neurodivergent profile to inform the ongoing clinical reconceptualization of this patient's history; to support a formal challenge to prior psychiatric diagnoses (specifically Bipolar I and Schizoaffective Disorder) that are incompatible with the documented functional record; and to contribute to the Board of Psychology complaint against Dr. Katherine J. Emerick, whose January 2020 forensic evaluation failed to consider these frameworks.

The core clinical argument is this: the sustained, compounding, multi-domain output documented across thirty-three years of verifiable public record — from 1986 through 2019 — is categorically incompatible with active Bipolar I or Schizoaffective Disorder under DSM-5 criteria. This is not a character argument. It is a functional argument supported by documentary evidence.

II. DĄBROWSKI'S THEORY: BRIEF CLINICAL SUMMARY

Kazimierz Dąbrowski (1902–1980) was a Polish psychiatrist and psychologist whose Theory of Positive Disintegration describes a developmental pathway in which psychological crises and intense inner experiences — rather than representing pathology — are understood as necessary stages in the movement toward higher levels of personality integration. Central to his theory is the concept of 'High Developmental Potential' (HDP), characterized by the presence of five psychic overexcitabilities (OEs): heightened modes of experiencing the world that are neurobiological in origin and express themselves as intensified cognitive, emotional, physical, sensory, and imaginational processing.

Dąbrowski's five overexcitabilities are: Intellectual OE (intense curiosity, love of complex systems, error-detection, pursuit of truth); Psychomotor OE (surplus of energy, drive for action, compulsive activity); Sensual OE (heightened sensory awareness, somatic processing, aesthetic sensitivity); Imaginational OE (vivid inner world, metaphorical thinking, non-linear time perception, dreaming states); and Emotional OE (intense feelings, deep empathy, high sensitivity to injustice, moral intensity).

When all five overexcitabilities are present, Dąbrowski described the individual as having a 'complexly developed' profile — one in which the very traits that create difficulty in conventional environments are the same traits that, with appropriate conditions (safety, truth, autonomy, creative expression), lead to extraordinary development. Crucially, Dąbrowski's framework predicts that such individuals are frequently misdiagnosed: Psychomotor OE is confused with ADHD or mania; Emotional OE is confused with mood disorder; Imaginational OE is confused with psychotic features; and the normal 'positive disintegration' crises of this profile are reframed as chronic psychiatric illness.

The complaint against Dr. Emerick includes, in Section IV.F, the specific allegation that she failed to apply this framework — which was well-established in the clinical literature before January 2020 — despite the patient's publicly documented profile making it directly applicable.

III. THE FIVE OVEREXCITABILITIES: DOCUMENTARY EVIDENCE

A. Intellectual Overexcitability

Intellectual OE is characterized by intense curiosity, drive to understand underlying systems rather than memorize surface facts, capacity to find errors in established frameworks, and sustained multi-domain inquiry. The documentary record provides extensive, independently verifiable evidence.

UCSB Transcript (1986–1994): Multi-Domain Academic Excellence

The UCSB transcript documents simultaneous dual-major achievement across domains that conventional neurology treats as cognitively separate: quantitative-analytical (Business Economics) and somatic-expressive (Dance). Final cumulative GPA: 3.80, with Dean's Honors in multiple quarters. The following A+ grades are of particular clinical relevance:

- MATH 3A — Calculus with Applications 1: A+ (Spring 1988). Calculus is the mathematics of continuous change — a direct formal language for the study of motion, acceleration, and transformation that a choreographer works with physically. The A+ in Calculus concurrent with advanced dance training indicates that the brain did not separate mathematical and somatic processing.
- ECON 111 — Economic History of Ancient Civilizations: A+ (Fall 1989). This course requires understanding the invisible structural systems underlying human civilization across millennia — a form of systems-thinking that is characteristic of Intellectual OE.

- DANCE 145C — History and Criticism of Modern Dance: A+ (Spring 1993). History and criticism require analytical engagement with the theoretical underpinnings of an art form — not just technical execution. The A+ indicates a mind engaged with 'why' and 'how,' not only 'what.'
- HEB 1, 2, 3 — Elementary Hebrew: A+, A+, A+ (consecutive semesters, 1986–1987). Six semesters of Hebrew, including advanced reading courses (HEB 115A: A, 115B: A+, 115C: A), taken concurrently with demanding Economics and Dance coursework. Mastery of a non-Latinate language with a different script and syntax requires high symbolic processing and pattern recognition.
- ZOOL 25 — Human Anatomy: A+ (Fall 1992). Anatomy studied in the context of an active professional dance practice constitutes somatic mapping — the application of biological precision to the study of one's own instrument. The A+ reflects not rote memorization but internalized structural knowledge.
- DA 12 — Fundamentals of Mime: A+ (Spring 1989). Mime requires the ability to make invisible forces visible through precise physical articulation — a form of embodied cognitive mapping.
- DA 23D — Dance Lighting Design: A+ (Spring 1991). Lighting design for performance is a technical discipline requiring the integration of physics, spatial reasoning, and aesthetic intention simultaneously.

The pattern across these grades is not the performance of a specialist. It is the performance of a mind that cannot help integrating systems — one that finds the 'physics of dance' and the 'economics of history' and the 'biology of movement' simultaneously, and excels precisely where that integration is most demanded.

The Chalkboard Method: Documented Parallel Processing

In first-person documents submitted to an SBCC graphic design instructor in 2019 ('I Learn Differently' and 'I Don't Like Quizzes'), the patient describes her study method in real-time, first-person language that constitutes a clinical learning profile document:

"For final exams, I would fill an entire classroom with chalkboards on 3 walls — my favorite — and without referring to my notes, I would write out everything I learned in the class, and would use my symbols and lines to connect thoughts and ideas."

This is not a study strategy. It is a neurological accommodation — building information spatially and symbolically in physical space because the brain processes through global synthesis rather than linear sequential encoding. This method is widely documented in the twice-exceptional and gifted learning literature as characteristic of individuals with Intellectual and Imaginational OE.

Error Detection and Gap Theory

Multiple documented instances exist of identifying errors in established academic frameworks: correcting a professor's textbook solution (Dr. Crouch, UCSB Economics); identifying logical inconsistencies in upper-division theory and presenting the argument to the professor; identifying gaps in the Ombuds literature and generating original theoretical contributions while organizing the Stanley V. Anderson library at UCSB. The Dance History 'F' incident — in which the patient refused to submit an incomplete comparative analysis of dance history and economic history, was given an F, submitted the paper a year later, and had it described as publishable by the Economics professor — is documented and reflects

the Intellectual OE characteristic of prioritizing the integrity of the work over institutional compliance.

SBCC Transcript (1996–2022): Continued Learning Across Decades

The SBCC transcript documents courses taken across a span of twenty-six years, including: Life Drawing (A, 1996), Figure Painting (A, 1996–1997), Creative Drawing (A, 2000), Web Design II (B, 2005), and — critically — four graphic design courses taken in Fall 2019 while simultaneously residing in a crisis residential center with only four hours per day of internet access, following arrest during a UTI-induced delirium. Those grades: Media Design (B+), Introduction to Graphic Design (C+), Digital Literacy (C), Creative Thinking (A). The patient notes in her own documentation that she was getting ahead in her coursework while at the residential center because she had been planning to go to New York for an arts project. She completed and passed all four courses under conditions that would have caused most people to withdraw entirely. Introduction to Photography (A+, Spring 2022) was completed in her sixties. Cumulative SBCC GPA: 3.44.

B. Psychomotor Overexcitability

Psychomotor OE manifests as a surplus of physical and mental energy, a compulsive drive toward activity, and a need for high-bandwidth output to maintain equilibrium. It is the OE most frequently misidentified as ADHD or as manic symptoms.

UCSB Unit Loads

The UCSB transcript shows sustained high unit loads — up to 17 units per quarter — maintained across multiple years while simultaneously pursuing dual-major requirements in two cognitively demanding fields. This is not a sign of mania. It is a sign of a nervous system that requires high-bandwidth engagement to function.

Professional Output: 1996–2019

The publicly archived 2023 curriculum vitae (Internet Archive: misa-kelly-curriculum-vitae-2023-copy) documents the following sustained output across twenty-three years, conducted while holding simultaneous non-arts employment:

- Founder and Artistic Director, SonneBlauma Danscz Theatre, 1996–2012
- Co-founder and Lead Organizer, ArtBark International, 2012–2019
- Co-founder and Executive Director, Future Traditions Foundation, 1998–present
- 150+ documented productions, performances, installations, and exhibitions, 1996–2019
- International touring: Slovenia (multiple visits), Istanbul, Vienna, Paris, New York City, Brooklyn
- Annual grant funding from named foundations for fourteen consecutive years (Karuna Foundation annually 2005–2018; Rudi Schulte Family Foundation annually 2009–2018; Kelly Family Foundation annually 2013–2018)
- Two Santa Barbara Independent Awards (2012, 2017); CINE Golden Eagle Award (1999); Profant Foundation Award for excellence in choreography (2007)

- Master class facilitation at SBCC, Westmont College, Moorpark College, and Istanbul's Çatı movement arts center
- Published scholarly articles in peer-reviewed ombuds journals (2002, 2003, 2004)
- Simultaneous employment as receptionist at Allen & Kimbell, LLP, 2005–2019

This is not the output of someone with uncontrolled Bipolar I or Schizoaffective Disorder. Under DSM-5, these diagnoses require significant impairment in social, occupational, or other important areas of functioning as a diagnostic criterion. The documented record shows the opposite: a person producing internationally recognized work, sustaining external funding relationships, leading a nonprofit organization, maintaining employment, and generating published scholarship — continuously, across two decades, in at least three cities and four countries.

Movement as Regulatory Necessity

The CalArts biographical statement (1996) documents that the decision to pursue dance came from an internal recognition: 'If I don't dance/make dances I'll die.' This is not metaphor. It describes the Psychomotor OE experience precisely: a nervous system for which movement is not elective but regulatory. The patient also documents equestrian training, gymnastics (beginning in high school with no prior training), mime studies, and sustained physical practice across decades — each representing the same regulatory requirement.

C. Sensual Overexcitability

Sensual OE manifests as heightened sensory awareness, somatic processing of information, aesthetic sensitivity, and the use of the body as a primary instrument of knowledge. In a dancer, choreographer, and somatic practitioner, this OE is documented throughout the professional record.

Somatic Learning: Documented First-Person Account

The 'I Learn Differently' document (SBCC, 2019) describes in real-time the experience of sensory-somatic learning: triggering in academic settings, the body leaving when the environment becomes unsafe, the need to feel physically grounded to process cognitive content, the jaw tension as somatic stress indicator, the instinct to go outside when overwhelmed. The patient explicitly identifies that she cannot always access language when typing in black ink — that color itself affects her cognitive access. This is Sensual OE documented in the moment of its occurrence.

A+ in Human Anatomy: Somatic Mapping

As discussed under Intellectual OE, the A+ in Human Anatomy (ZOOL 25) in the context of an active professional dance practice represents not memorization but somatic mapping — the application of the body's own intelligence to the study of biological structure. This is characteristic of high Sensual OE: anatomy is not abstract information but lived experience.

Kinesthetic Learning: Dance Combinations

The patient documents an inability to retain sequential dance combinations through verbal instruction, compensating by latching onto the kinesthetic field of other dancers — absorbing the movement through physical resonance rather than cognitive instruction. This is Sensual OE manifesting as field-dependent, kinesthetic learning. The patient notes she could 'ride their cellular knowledge through connecting with their fields of energy.' This is not a disability. It is a documented alternative processing channel.

D. Imaginational Overexcitability

Imaginational OE manifests as a rich inner world, non-linear time perception, the ability to work in metaphor and symbol, creative synthesis as a primary mode of understanding, and what the patient describes as 'channeled' or transpersonal creative process.

Non-Linear Time Perception: Self-Documented

The 2001 exhibitions document (prepared under the DID presentation 'Dylan') states explicitly: 'I don't perceive time as linear — which is why for the progression.' This is not a clinical symptom. It is an accurate self-description of Imaginational OE, which Dąbrowski described as characterized by free association, mixing of reality and imagination, and vivid temporal processing that does not conform to linear sequence.

Carlotta Packet: Artmaking in Altered States

The Carlotta Packet (artist statement, c. 2001) documents artmaking in DID-altered states, the body physically dysregulating while the hand remained steady producing work, parts of the self presenting in studio with 'guttural noises' and gestural expression, and the work functioning as a bridge between the dissociated parts and integration. This is not pathology. It is the creative process of a twice-exceptional individual using art as a vehicle for Third Factor development — the Dąbrowskian process of autonomous self-construction in the face of developmental trauma.

The Chalkboard Method as Imaginational Synthesis

The chalkboard examination method described above — filling three walls with symbols, connecting thoughts with lines, building knowledge as a spatial map without reference to notes — is quintessentially Imaginational OE: information is processed as an integrated whole, perceived visually and spatially, and can only be retrieved through spatial reconstruction rather than linear recall.

CalArts Bio: Transpersonal Creative Process

The CalArts biographical statement notes: 'In 1996 she received her MFA from California Institute of the Arts passing through a crucible of transformation which alchemically synthesized a chrysallis containing her quintessential artistic identity.' The language is not clinical — but the experience it describes is documented: a creative process experienced as transformational rather than merely technical, consistent with Imaginational OE and the Level III positive disintegration that Dąbrowski describes as characteristic of high-potential individuals encountering significant developmental challenges.

E. Emotional Overexcitability

Emotional OE manifests as intense feelings, high empathy, deep sensitivity to injustice, strong moral convictions, and what Dąbrowski called the 'Third Factor' — an autonomous moral drive to live according to one's own values rather than social conformity. This OE is documented throughout the professional and personal record.

The Ombuds Work: Ethical Intensity as Vocation

The patient served as Assistant Ombudsperson at UCSB from 2000 to 2005 — a role that requires holding the emotional weight of institutional conflict, maintaining confidentiality, protecting vulnerable parties, and navigating power imbalances with integrity. The patient published three peer-reviewed articles in ombuds journals during this period (2002, 2003, 2004). She subsequently conducted whistleblowing at personal career cost, documented in the Plesons records as a period of occupational stress triggered by retaliation from a hostile supervisor. The choice to whistleblow despite the cost is a direct Third Factor action — prioritizing truth and justice over personal security.

The Dance History F: Integrity Over Compliance

The refusal to submit an incomplete paper — accepting an F rather than hand in work whose intellectual integrity was unfinished — is a documented Third Factor action. The paper was eventually described as publishable. This is Emotional OE and Intellectual OE operating in combination: the internal standard for truth was higher than the institutional standard for a passing grade.

Current Record Correction Work: Third Factor in Action

The ongoing administrative, legal, and clinical advocacy to correct inaccurate records — DOJ administrative proceedings, Board of Psychology complaint, court record correction, clinical record amendment — is the Third Factor operating at its fullest expression. The patient is using every available institutional channel to restore accurate documentation of her own identity, history, and health. This is not obsession. It is moral precision, documented across a life.

'I Don't Like Quizzes': Emotional OE in the Classroom

The SBCC document 'I Don't Like Quizzes' — submitted to a graphic design instructor in 2019 while the patient was simultaneously residing in a crisis residential center — contains extraordinary real-time documentation of Emotional OE: the somatic terror of reading a syllabus, the body's response to institutional language about grades, the explicit statement that the system's testing format feels physically harmful, and the creative reframing of the syllabus into a poem as a way of accessing content without being triggered. The document is written with humor, intelligence, and self-awareness throughout — not the document of a person in psychosis, but of a person with a highly sensitive nervous system navigating an institutional environment through creativity and self-regulation.

IV. THE ACE SCORE OF 8: CONTEXTUALIZING THE PROFILE

The patient has documented an ACE (Adverse Childhood Experiences) score of 8 — placing her in the highest range of cumulative developmental trauma. In Dąbrowski's framework, the intersection of High Developmental Potential (all five OEs present) with severe developmental trauma is not a contradiction. It is a predictable precondition for the deepest levels of positive disintegration — and the most frequent source of misdiagnosis.

A nervous system with all five overexcitabilities is already processing the world at higher amplitude. When that nervous system is subjected to an ACE score of 8, every experience of injustice, every environmental stressor, every institutional encounter that replicates the power dynamics of early trauma, produces a response that is proportionate to the history — not disproportionate to the present. What conventional psychiatry reads as 'mood episode' or 'psychotic break' in a person with this profile is frequently what Dąbrowski called 'multilevel disintegration' — the breakdown of prior adaptive structures in preparation for reconstruction at a higher level of integration.

This reframing is not speculative. It is supported by the clinical record: the two most significant psychiatric episodes in the patient's documented history (the 2001 hospitalization and the 2019 arrest) both occurred at moments of acute coercive control stressors — abandonment, infidelity, financial coercion, loss of housing security — and both resolved when the environmental stressor was removed or stabilized. This pattern is clinically inconsistent with intrinsic Bipolar I or Schizoaffective Disorder, which would produce episodes independent of environmental stressors. It is entirely consistent with Complex PTSD with coercive control history in a person with high OE profile and ACE score of 8.

V. TWICE-EXCEPTIONAL LEARNING PROFILE

'Twice-exceptional' (2e) is a clinical designation for individuals who have both high intellectual or creative ability and significant learning or processing differences. The patient's documented learning profile is consistent with a 2e profile with the following characteristics:

Simultaneous-Global Processing (Parallel Processing)

Rather than sequential, step-by-step processing, information is integrated simultaneously across multiple channels. The chalkboard examination method, the writing-while-reading study technique, and the kinesthetic dance learning all reflect this processing style. Conventional educational settings designed for sequential processors create significant friction for simultaneous-global processors — not because the intelligence is insufficient, but because the interface is wrong.

Reading and Comprehension Discrepancy

The patient documents a 50% score on a standardized reading comprehension test (taken in 2019) despite demonstrating high-level analytical capacity across multiple

academic fields. This discrepancy — high analytical and synthetic ability alongside difficulties with standardized comprehension tasks — is a defining characteristic of 2e profiles, particularly those with dyslexic-adjacent processing differences. The patient's compensatory strategies (writing out chapters by hand, extracting key information and reorganizing it symbolically, reading outside assigned texts to contextualize content) are all documented, self-developed adaptations.

Short-Term Sequential Memory and Kinesthetic Compensation

The patient documents difficulty retaining sequential dance combinations — attributed in part to medical experimentation history — compensated by kinesthetic absorption from other dancers, structured improvisation within given frameworks, and intuitive teaching that draws from a large vocabulary without fixed sequence. This is not memory impairment in the clinical sense. It is a discrepancy between sequential and non-sequential memory consistent with 2e profiles: non-sequential, pattern-based, and kinesthetic memory may be highly functional while sequential verbal or visual memory is weaker.

Trigger Responses in Academic Settings

The 'I Don't Like Quizzes' document explicitly identifies that academic settings trigger somatic fear responses with roots in childhood. The patient describes body-leaving, numbness, difficulty accessing language, and somatic pain responses to institutional language about testing and grades. These responses are the documented intersection of ACE score 8, high Sensual and Emotional OE, and a learning environment designed for neurotypical sequential processors. They are not signs of psychiatric instability. They are documented trauma responses in a person with high somatic sensitivity.

Repetitive Self-Regulatory Behaviors in Childhood

The patient documents childhood behaviors including not stepping on sidewalk cracks and the repetitive thumb-to-forefinger movement. These are self-regulatory behaviors common in high-OE children with developmental trauma histories — the nervous system creating rhythmic anchors to manage sensory and emotional overwhelm. The patient's father is described as having been hospitalized for OCD and nightmares, suggesting a possible familial neurological inheritance that further contextualizes these early presentations.

VI. THE DR. JOHNSON 2006 NOTE: PATHOLOGIZED PSYCHOMOTOR OE

The May 25, 2006 consultation note by Dr. Joseph Johnson (Sansum-Santa Barbara Medical Foundation Clinic, MR# 00326995) — a referral from Dr. Kurt Ransohoff — contains the following passage, recorded as a clinical observation contributing to psychiatric assessment:

"Steve noticed that even a couple of days before that, she had had a flight of ideas and pressure of speech that she remembers that day because, 'I was so excited about some new things with my dancing and choreography.' She was speaking so rapidly that she seemed unaware of his presence."

The clinical significance of this passage cannot be overstated. Stephen Kelly — the coercive controller and reporting party in the 2019 arrest — is here documented reporting the patient's excitement about her own choreography to a psychiatrist as a symptom of psychiatric illness. The patient herself provides the correct interpretation in the same sentence: she was excited about new creative work. In Dąbrowski's framework, the rapid, excited speech of a person with Psychomotor and Intellectual OE who has just had a creative breakthrough is precisely what Psychomotor OE looks and sounds like. It is not a manic episode. It is a nervous system in a state of creative activation.

Dr. Johnson had access to Dr. Plesons' records at the time of this consultation. Those records showed sixteen years of a person who was producing internationally recognized creative work, maintaining employment, sustaining professional relationships, and functioning at an extraordinarily high level — the opposite of the picture 'flight of ideas and pressure of speech' is meant to convey. The correct clinical question was: is this person's excited speech about creative work consistent with their longitudinal profile? The answer, visible in the Plesons records and the professional CV, is yes. The consultation note does not ask or answer this question.

This note is included in the neurodivergent profile analysis because it documents the exact mechanism by which Psychomotor OE is pathologized in clinical settings: a coercive partner observing and reporting creative excitement as a symptom, to a psychiatrist connected through his network, producing a clinical notation that enters the record without the corrective context of the professional history.

VII. INCOMPATIBILITY OF THE DOCUMENTED PROFILE WITH BIPOLAR I / SCHIZOAFFECTIVE DISORDER

DSM-5 criteria for Bipolar I Disorder require, among other things, that manic episodes cause marked impairment in social or occupational functioning or necessitate hospitalization. DSM-5 criteria for Schizoaffective Disorder require continuous signs of the disturbance for at least six months, with significant functional impairment.

The documentary record directly contradicts these criteria across the entire documented period:

- 1986–1994: Dual-major BA at UCSB, 3.80 GPA, Dean's Honors, concurrent professional dance training — no documented impairment.
- 1994–1996: MFA at CalArts — graduate-level professional training in intensive creative program — no documented impairment.
- 1996–2019: 23 consecutive years of organizational founding, international touring, annual grant acquisition, award recognition, published scholarship, and simultaneous non-arts employment — sustained high-level functioning by every objective metric.
- 2000–2005: Assistant Ombudsperson, UCSB, with publication record — a role requiring sustained emotional regulation, ethical precision, and professional credibility — no documented impairment.

- Fall 2019: Four graphic design courses at SBCC, passed, while residing in crisis residential with four hours per day of internet access — functional academic performance under acute duress.
- Spring 2022: Introduction to Photography, A+ — high-level performance in the patient's seventh decade of life.

A person with active Bipolar I or Schizoaffective Disorder does not produce this record. This is not a clinical opinion. It is a logical inference from the diagnostic criteria themselves. The diagnoses entered into the permanent court record on August 5, 2020 are not supported by the longitudinal functional evidence available to Dr. Emerick at the time of her January 2020 evaluation and are contradicted by it.

VIII. RECOMMENDED CLINICAL RECONCEPTUALIZATION

The patient's treating psychiatrist, Dr. Scott M. Dewhirst, MD, has already documented in clinical correspondence (letters dated August 21, 2025 and March 12, 2026) a reconceptualization of the patient's history through the framework of Complex PTSD with coercive control history and neurodivergent developmental profile. This document is intended to provide structured evidentiary support for that reconceptualization.

The recommended clinical language, for formal documentation purposes, is as follows:

- Primary: Complex PTSD (ICD-11 criteria), with coercive control history spanning approximately 33 years (1992–2025)
- Developmental context: Twice-exceptional neurodivergent profile with documented evidence of all five Dąbrowski overexcitabilities across independently verifiable public record spanning 1986–2019
- Developmental history: ACE score of 8, with documented history of childhood trauma including dissociative adaptation (Dissociative Identity Disorder, documented in Plesons initial consultation 1997 and in patient's own creative and biographical records 1996–2001)
- Symptom pattern: Episodes historically correlated with specific coercive control stressors (abandonment, infidelity, financial coercion, loss of housing); resolution of symptoms upon leaving entrapping relationship (August 2025) — pattern inconsistent with intrinsic bipolar or psychotic disorder
- Misattributed labels: Bipolar I, Schizoaffective Disorder — not supported by the longitudinal functional record and not consistent with the documented clinical history of the bipolar label's origin (Karen Cowdrey, MSW/LCSW, concealed credentials, altered dissociative state, private home setting, circa 1997)

The patient's current trajectory — systematic record correction, creative reclamation, Hawaiian and Slovenian language study as ancestral healing, sauna and cold immersion somatic regulation, shamanic circle participation, and the sustained production of legal and clinical advocacy documents of considerable precision and sophistication — is consistent with the Dąbrowskian 'secondary integration' phase: the emergence of a stable, autonomous, value-directed self after

the completion of the disintegration process. It is not consistent with the continuation of a chronic psychiatric disorder.

IX. SOURCES AND DOCUMENTATION

All evidence cited in this document is drawn from the following independently verifiable or clinically held sources:

- UCSB Unofficial Transcript (1986–1994), accessed June 2025, archived in patient file
- SBCC Unofficial Transcript (1996–2022), accessed June 2025, archived in patient file
- Curriculum Vitae, Misa Miele Mandigo Kelly, 2023 — publicly archived at: https://archive.org/details/misa-kelly-curriculum-vitae-2023-copy
- MFA Thesis Paper (CalArts, 1996) — publicly archived at: https://archive.org/details/mfathesis-paper
- 'I Learn Differently' — first-person learning profile document submitted to SBCC instructor, 2019
- 'I Don't Like Quizzes' — first-person learning profile document submitted to SBCC instructor, 2019
- Carlotta Packet — artist statement and exhibition documentation, c. 2001
- CalArts Biographical Statement — c. 1996
- 2001 Exhibitions Document — exhibition and performance listing, Dylan/ʻIolani Puʻu, 2001
- Resume 2000 — professional résumé, 2000
- Dr. Joseph Johnson consultation note — May 25, 2006 — Sansum-Santa Barbara Medical Foundation Clinic, MR# 00326995
- Dr. Dennis Plesons clinical records — February 1997 through March 2013 — Sansum Clinic / Santa Barbara Medical Foundation, MR# 00326995
- Dr. Scott M. Dewhirst letters — August 21, 2025 and March 12, 2026 — Sutter Psychiatry, Santa Barbara
- Clinical Reconceptualization Framework: Dąbrowski's Theory of Positive Disintegration Applied to the Case of ʻIolani Puʻu Kolenc — prepared April 2026

X. DECLARATION

I, ʻIolani Puʻu Kolenc, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge and belief.

Signature: _____

Printed Name: ʻIolani Puʻu Kolenc

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